

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # N96000002880

1. Entity Name
SKYLINE FIRE AND RESCUE DISTRICT, INC.



Principal Place of Business

**6924 HWY 87 NORTH
MILTON, FL 32570**

Mailing Address

**POST OFFICE BOX 72
MILTON, FL 32572**



02032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2418342

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROYALS, WAYNE
7024 EASTGATE ROAD
MILTON, FL 32583**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROYALS, WAYNE
STREET ADDRESS	7024 EASTGATE ROAD
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	KICKER, IRENE
STREET ADDRESS	6530 SANDY LANE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	DIAMOND, MICHELLE
STREET ADDRESS	6454 WILMA STREET
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	VANNOSKE, FRANK
STREET ADDRESS	6535 JULIA DRIVE
CITY-ST-ZIP	MILTON, FL 32570
TITLE	D
NAME	MURPHY, DANNY
STREET ADDRESS	6532 HUNTER ST
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80061-015 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wayne F. Royals
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 8, 2007

Date

(850) 623-1292

Daytime Phone #